

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 323-0267



May 9, 1985

ALL COUNTY LETTER NO. 85-51

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS

SUBJECT: REVISED ASSISTANCE CLAIMING INSTRUCTIONS FOR THE ENTRANT CASH
ASSISTANCE PROGRAM: REFUGEE CASH ASSISTANCE PROGRAM AND REFUGEES
AND ENTRANTS IN RECEIPT OF GENERAL ASSISTANCE

REFERENCE: ALL-COUNTY LETTERS 81-17; 81-39; 82-24; 82-26

This letter provides information regarding the elimination of form DFA 845, Summary Report of Assistance Expenditures for the Entrant Cash Assistance (ECA) Program, and revisions to forms DFA 846, Summary Report of Assistance Expenditures for the Refugee Cash Assistance (RCA) Program, and DFA 859, Federal Funds Claimable Based on Expenditures for Time Eligible Refugees and Entrants in Receipt of General Assistance (GA).

Form DFA 845

The DFA 845 has been eliminated for entrant reporting purposes. Effective with the May 1985 claim, counties should include expenditures for entrants on the revised DFA 846 (see below). Counties are still required to identify entrant cases with aid code 08.

Form DFA 846

The separate reporting of Other Refugees, currently identified with aid code 07, has been eliminated on the DFA 846. This is to be combined with the reporting of refugees from Cambodia, Laos and Vietnam, all designated by aid code 01. Therefore, aid code 07 is obsolete for refugee reporting purposes. Do not use aid code 07 without Department of Social Services approval. It must be kept available for future state use.

Form DFA 859

The DFA 859 has also been revised to allow for the combined reporting of refugees and entrants in receipt of General Assistance. Counties are to submit one claim when reporting GA expenditures for refugees/entrants instead of two separate claims.

An initial supply of the revised forms will be sent to you under separate cover. The revised forms must be used when submitting the RCA and GA refugee/entrant

claims for May 1985. All of the above revisions are due to changes in the federal reporting requirements.

If you have any questions regarding this letter or the revised forms, please contact Stephanie Davis at (916) 323-0267 or ATSS 473-0267.

A handwritten signature in cursive script that reads "Robert Sertich".

ROBERT T. SERTICH
Deputy Director
Administration

cc: CWDA

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
FOR THE REFUGEE CASH ASSISTANCE PROGRAM (RCA)
(INCLUDES ENTRANTS)**

| FOR STATE USE | |
|--------------------------|----------------|
| <input type="checkbox"/> | SDSS |
| <input type="checkbox"/> | County Welfare |
| <input type="checkbox"/> | County Auditor |

| | |
|--------|----------------------------------|
| COUNTY | DATE (MONTH: _____ (YEAR: _____) |
|--------|----------------------------------|

| A PERSONS COUNT | B TOTAL AID PAID | SOURCE DOCUMENTS |
|--------------------|---------------------|---|
| | | 1. Main Payroll |
| | | 2. Current month supplemental payroll |
| () | () | 3. Current month cancellation contra roll |
| | | 5. Prior months supplemental payroll |
| | | 6. SUBTOTAL <i>(reconciliation totals)</i> |
| () | () | 7. Prior months cancellation contra roll |
| () | () | 8. Abatements and repayments |
| | | 9. Schedule of adjustments <i>(show minus items in parentheses)</i> |
| | | 10. SUBTOTAL <i>(Lines 7,8,9)</i> |
| | | 11. SDSS office audit corrections <i>(for state use)</i> |
| | | 12. TOTALS |

| PERSONS | NET EXPENDITURES |
|---------|------------------|
| | \$ |
| | \$ |
| | \$ |

- 13. Federal Funds Claimable: (Expenditures × 100%)
 - (A) Unaccompanied children in receipt of Refugee Cash Assistance *(Aid code 01 plus Aid code 08).*
 - (B) Refugees and entrants (other than unaccompanied children) in receipt of Refugee Cash Assistance *(Aid code 01 plus Aid Code 08).*
 - (C) Net totals of Lines 13(A) plus 13(B). *(Balance to Lines 12A and 12B above.)*

CERTIFICATION

I hereby certify, under penalty of perjury that I am the official responsible for the administration of the Refugee Cash Assistance Program in and for the aforesaid county; that the above information is correct to the best of my knowledge and belief; that payment for these expenditures has not been received; and that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code.

| | | |
|------------------------------|-------|------|
| SIGNATURE OF AGENCY OFFICIAL | TITLE | DATE |
|------------------------------|-------|------|

INSTRUCTIONS FOR USE OF FORM DFA 846

1. This form is to be used for claiming federal reimbursement of Refugee Cash Assistance expenditures for refugees (*Aid code 01*) and entrants (*Aid code 08*).
2. Enter the county name and the month and year of the claim in the space provided.
3. Complete Lines 1 through 5, and 7 through 9 in accordance with amounts shown on the integrated payroll summary. (For nonintegrated payrolls, enter grand totals shown for each payroll or contra roll).
4. Enter the Subtotals on Lines 6 and 10 and the totals on Line 12.
5. Enter in Line 13(a) persons counts and expenditures in behalf of all *unaccompanied children in receipt of Refugee Cash Assistance (Aid code 01 plus Aid code 08)*. Must be separately identified with a payment code; suggested codes—refugee—UR entrant—EM.
6. Enter in Line 13(b) persons counts and expenditures in behalf of other refugees and entrants in receipt of Refugee Cash Assistance (*Aid code 01 plus Aid code 08*).

FEDERAL FUNDS CLAIMABLE BASED ON EXPENDITURES FOR TIME ELIGIBLE REFUGEES AND ENTRANTS IN RECEIPT OF GENERAL ASSISTANCE

| FOR STATE USE | |
|--------------------------|----------------|
| <input type="checkbox"/> | SDSS |
| <input type="checkbox"/> | County Welfare |
| <input type="checkbox"/> | County Auditor |

COUNTY

DATE (MONTH) (YEAR)

| A PERSONS COUNT | B TOTAL AID PAID | SOURCE DOCUMENTS |
|--------------------|---------------------|---|
| | | 1. Main Payroll |
| | | 2. Current month supplemental payroll |
| () | () | 3. Current month cancellation contra roll |
| | | 5. Prior months supplemental payroll |
| | | 6. SUBTOTAL (<i>reconciliation totals</i>) |
| () | () | 7. Prior months cancellation contra roll |
| () | () | 8. Abatements and repayments |
| | | 9. Schedule of adjustments (<i>show minus items in parentheses</i>) |
| | | 10. SUBTOTAL (<i>Lines 7, 8, 9</i>) |
| | | 11. SDSS office audit corrections (<i>for state use</i>) |
| | | 12. TOTALS |

C
FEDERAL SHARE

| | | |
|---------------------------------------|----------------|-----------------|
| GRAND TOTALS Refugees and Entrants | | |
| | Enter Line 12B | Line 13B x 100% |

13.

CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the Administration of General Assistance in and for the aforesaid county; that the above information is correct to the best of my knowledge and belief; that payment for these expenditures has not been received; and that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code.

SIGNATURE OF AGENCY OFFICIAL

TITLE

DATE

INSTRUCTIONS FOR USE OF FORM DFA 859

1. This form can be used for claiming federal reimbursement of General Assistance expenditures for time eligible refugees and entrants.
2. Enter county name and the month and year of the claim in the space provided.
3. Complete Lines 1 through 5, and 7 through 9 in accordance with the amounts shown on the integrated payroll summary. *(On nonintegrated payrolls, enter grand totals shown for each payroll or contra roll.)*
4. Enter the subtotals on Lines 6 and 10 and totals on Line 12.
5. The federal share is computed as follows:
 - a. For time eligible refugees and entrants — (Line 13) Line 13c: Multiply Line 13B (total aid paid) by 100% (federal reimbursement for time eligible refugees and entrants aided on the General Assistance Program).